

# PROPERTY & CASUALTY INSURERS

COMPANY NAME: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 REQUIRED FILINGS IN THE STATE OF: **Kentucky** Filings Made During the Year 2011 \_\_\_\_\_

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		<b>I. NAIC FINANCIAL STATEMENTS</b>						
	1	Annual Statement (8 1/2" x 14")	2	EO	X	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E27)	2	EO	X	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	2	EO	X	5/15, 8/15, 11/15	NAIC	
	3	Protected Cell Annual Statement	2	0	X	3/1	NAIC	
	4	Combined Annual Statement (8 1/2" x 14")	2	EO	X	5/1	NAIC	
		<b>II. NAIC SUPPLEMENTS</b>						
	10	Accident & Health Policy Experience Exhibit	2	EO	X	4/1	NAIC	
	11	Actuarial Opinion	2	EO	X	3/1	Company	
	12	Actuarial Opinion Summary	1	N/A	X	3/15	Company	
	13	Bail Bond Supplement	N/A	EO	X	3/1	NAIC	
	14	Combined Insurance Expense Exhibit	2	EO	X	5/1	NAIC	
	15	Credit Insurance Experience Exhibit	2	EO	X	4/1	NAIC	
	16	Director and Officer Supplement	2	EO	X	5/15, 8/15, 11/15	NAIC	
	17	Exceptions to Reinsurance Attestation Supplement	2	N/A	X	3/1	Company	
	18	Financial Guaranty Insurance Exhibit	2	EO	X	3/1	NAIC	
	19	Health Care Exhibit (Parts 1, 2 and 3) Supplement	2	EO	X	4/1	NAIC	
	20	Health Care Exhibit's Allocation Report Supplement	2	EO	X	4/1	NAIC	
	21	Investment Risk Interrogatories	2	EO	X	4/1	NAIC	
	22	Insurance Expense Exhibit	2	EO	X	4/1	NAIC	
	23	Long Term Care Experience Reporting Forms	2	EO	X	4/1	NAIC	
	24	Management Discussion & Analysis	2	EO	X	4/1	Company	
	25	Medicare Supplement Insurance Experience Exhibit	2	EO	X	3/1	NAIC	
	26	Medicare Part D Coverage Supplement	2	EO	X	3/1, 5/15, 8/15, 11/15	NAIC	
	27	Premiums Attributed to Protected Cells Exhibit	2	EO	X	3/1	NAIC	
	28	Reinsurance Attestation Supplement	2	EO	X	3/1	Company	
	29	Reinsurance Summary Supplemental	2	EO	X	3/1	NAIC	
	30	Risk-Based Capital Report	1	EO	X	3/1	NAIC	
	31	Schedule SIS	2	N/A	N/A	3/1	NAIC	
	32	Supplement A to Schedule T	2	EO	X	3/1, 5/15, 8/15, 11/15	NAIC	
	33	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	
	34	Trusted Surplus Statement	2	EO	X	3/1, 5/15, 8/15, 11/15	NAIC	
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	50	Annual Statement Electronic Filing	X	1	X	3/1	NAIC	
	51	March PDF Filing	X	1	X	3/1	NAIC	
	52	Risk-Based Capital Electronic Filing	X	1	N/A	3/1	NAIC	
	53	Risk-Based Capital PDF Filing	X	1	N/A	3/1	NAIC	
	54	Combined Annual Statement Electronic Filing	X	1	X	5/1	NAIC	
	55	Combined Annual Statement PDF Filing	X	1	X	5/1	NAIC	
	56	Supplemental Electronic Filing	X	1	X	4/1	NAIC	
	57	Supplemental PDF Filing	X	1	X	4/1	NAIC	
	58	Quarterly Statement Electronic Filing	X	1	X	5/15, 8/15, 11/15	NAIC	
	59	Quarterly PDF Filing	X	1	X	5/15, 8/15, 11/15	NAIC	
	60	June .PDF Filing	X	1	X	6/1	NAIC	
		<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>						
	71	Accountant's Letter of Qualifications	1	EO	N/A	6/1	Company	
	72	Audited Financial Reports	2	EO	X	6/1	Company	
	73	Audited Financial Reports Exemption Affidavit	1	N/A	N/A	See "J" Page 4	Company	See "J" Page 4
	74	Communication of Internal Control Related Matters Noted in Audit	1	N/A	N/A	8/1	Company	
	75	Independent CPA (change)	1	N/A	N/A	6/1	Company	

	76	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	
	77	Notification of Adverse Financial Condition	1	N/A	N/A	See "O" Page 4	Company	See "O" Page 4
	78	Report of Significant Deficiencies in Internal Controls	1	N/A	N/A	8/1	Company	
	79	Request for Exemption to File	1	N/A	N/A	See "J" Page 4	Company	See "J" Page 4
	80	Request to File Consolidated Audited Annual Statements	1	N/A	N/A	6/1	Company	
		<b>V. STATE REQUIRED FILINGS</b>						
	101	Certificate of Compliance	0	0			State	
	102	Certificate of Deposit	1	0		3/1	State	
	103	Filings Checklist (with Column 1 completed)	0	0			State	
	104	Premium tax	See "D" page 3	0	See "D" page 3	3/1	State	
	105	State Filing Fees	1	0	1	3/1	State	
	106	Signed Jurat	X	0	1	3/1	NAIC	
	107	Detail Listing of Securities Held Under Safekeeping (Form 143)	2	0	0	3/1, 5/15, 8/15, 11/15	State	
	108	Affidavit Covering Finance Committee (Form 450)	2	0	0	3/1	State	
	109	Certificate of Advertising (Form 440)	2	0	1	3/1	State	
	110	Insurance Holding Company System Annual Registration Statement	1	0	0	4/1	Company	
	111	Schedule of Miscellaneous Investments (Form 460 and 470)	2	0	0	3/1, 5/15, 8/15, 11/15	State	
	112	Reconciliation and Summary of Assets and Reserve Requirements (Form 480)	2	0	0	3/1	State	
	113	Direct Business Page (State Page)	2	1	0	3/1	NAIC	
	114	Direct Economic Impact of Ky Captive During Current Reporting Year (Form CI-150) Captive RRGs Only	2	0	0	3/1	State	See "S" Page 5

\*If X appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

\*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.

		<b>NOTES AND INSTRUCTIONS</b> (Notes "A" thru "S" APPLY TO ALL FILINGS unless stated otherwise)	
<b>Note</b>	<b>A</b>	Required Filings Contact Person	<b><u>Contacts:</u></b> Janet Klapheke <b>OR</b> C.C. Webber  <b><u>Phone Number: 502-564-6082</u></b>
<b>Note</b>	<b>B</b>	Mailing Address For <b>Hand or Overnight delivery:</b>  Kentucky Department of Insurance 215 West Main St. Frankfort, KY 40601 <u>Attn.</u> Financial Standards & Examination Division	Mailing Address for <b>Regular Mail:</b>  Kentucky Department of Insurance P.O. Box 517 Frankfort, KY 40602-0517 <u>Attn.</u> Financial Standards & Examination Division
<b>Note</b>	<b>C</b>	Mailing Address for Filing Fees: <b>RENEWAL FEES PAID ONLINE.</b>  To pay online, click on Eservices on the DOI website ( <a href="http://insurance.ky.gov/">http://insurance.ky.gov/</a> ). Your Annual Statement contact person should have the appropriate "USERNAME" and "PASSWORD" to process the payment.	<ul style="list-style-type: none"> <li>• Renewal fees paid online.</li> <li>• Other fees mailed to the address above.</li> </ul>
<b>Note</b>	<b>D</b>	Mailing Address for Premium Tax Payments: (see below)  <b>Premium tax forms</b> can be accessed on the Dept. of Revenue's website ( <a href="http://revenue.ky.gov/forms">http://revenue.ky.gov/forms</a> ) <i>Click on "Current Year Forms."</i>	<b><u>Post Office Box:</u></b> Department of Revenue P.O. Box 1303 Frankfort, KY 40602-1303 <b>OR</b> <b><u>Physical Address:</u></b> Department of Revenue 501 High Street Frankfort, KY 40601  <b><u>Phone Number: 502-564-4810</u></b>
<b>Note</b>	<b>E</b>	Delivery Instructions: <b>PAY ATTENTION TO YOUR DEADLINES</b>	<b>ALL filings</b> must be <b>postmarked</b> no later than the indicated due date, regardless of the due date falling on a weekend or holiday.
<b>Note</b>	<b>F</b>	Late Filings: <b>FINES FOR LATE FILINGS</b>	Companies <b>will be fined \$100 per day for ALL late filings</b> , even in situations where a request for extension has been received in writing and approved. For all late filings received <b>WITHOUT extension approval</b> , and <b>additional civil penalty of \$1,000</b> may be assessed.
<b>Note</b>	<b>G</b>	Original Signatures: <b>REQUIRED FOR DOMESTIC COMPANIES</b>	<b>Original signatures</b> are required on ALL filings from <b>domestic companies</b> .  Foreign companies should follow the NAIC Annual Statement Instructions regarding signatures.
<b>Note</b>	<b>H</b>	Signature/Notarization/Certification: <b>REQUIRED BY KENTUCKY STATUTE</b>	<b>Per KRS 304.3-240(1)</b> -shall be verified by oaths of a least two (2) of the insurers' principal officers.

<b>Note</b>	<b>I</b>	Amended Filings: <b>APPLIES TO DOMESTIC COMPANIES ONLY</b>	<b>For domestic companies</b> , amended items must be <b>filed within ten (10) days</b> of the amendment, along with an explanation of the amendment. Same applies for original filings where signatures are required.
<b>Note</b>	<b>J</b>	Exceptions from normal filings	<b>Domestic companies</b> should apply for an exemption or extension at least thirty (30) days prior to the filing due date.  <b>Foreign companies MUST</b> supply a written copy of any exemption or extension, received by their state of domicile, at least ten (10) days prior to their filing due date to receive approval of an exemption or extension from the Kentucky Department of Insurance.
<b>Note</b>	<b>K</b>	Bar Codes (State or NAIC):  <b>REFER TO <a href="http://insurance.ky.gov/">http://insurance.ky.gov/</a>.</b>	Please follow the <b>NAIC Annual Statement Instructions</b> provided on the Kentucky Department of Insurance website.
<b>Note</b>	<b>L</b>	Signed Jurat	<b>Kentucky REQUIRES Foreign companies</b> to file a copy of a Signed Jurat Page by <b>March 1</b> as part of their Annual Statement Filings.
<b>Note</b>	<b>M</b>	NONE Filings:  <b>REFER TO <a href="http://insurance.ky.gov/">http://insurance.ky.gov/</a>.</b>	Please follow the <b>NAIC Annual Statement Instructions</b> provided on the Kentucky Department of Insurance website.
<b>Note</b>	<b>N</b>	Filings new, discontinued or modified materially since last year:  <b>NEW FORMS</b> added this year are <b>highlighted in YELLOW</b> . Please refer to the NAIC Annual Statement Instructions for completion details.	<b>For ALL companies</b> , please see “Note P” and “Note Q” below. <b>Domestics</b> , please refer to “Note R.”
<b>Note</b>	<b>O</b>	Notification of Adverse Financial Condition	Notice of Adverse Financial Condition is due five (5) business days after receipt of the accountant’s report and must be sent to the Kentucky Department of Insurance Early Warning Analyst (EWA):  David Howe, EWA Kentucky Department of Insurance P.O. Box 517 Frankfort, KY 40602-0517
<b>Note</b>	<b>P</b>	Kentucky Annual Filing Instructions:  <b>REFER TO <a href="http://insurance.ky.gov/">http://insurance.ky.gov/</a>.</b>	For additional instructions, please see the attached <b>Kentucky Annual Filing Instructions</b> listed on the Kentucky Department of Insurance website. The instructions should appear directly above the NAIC checklists provided for each type of entity.

<b>Note</b>	<b>Q</b>	<p>Company's Responsibility to Review/Update their Information on Kentucky Department of Insurance website:</p> <p><b>Website address</b> <a href="http://insurance.ky.gov/">http://insurance.ky.gov/</a></p>	<p><b>All companies</b> should refer to the Kentucky Department of Insurance website under "<i>Company Info</i>" to review and verify their company information. If corrections or updates need to be made, companies should notify the Kentucky Department of Insurance by submitting the appropriate form(s) on the NAIC UCAA Corporation Amendments Application.</p> <p>Please be advised:</p> <ul style="list-style-type: none"> <li>*the Form 12 – deals with changes to the Service of Process</li> <li>*the Form 14 – deals with address and contact changes</li> <li>*Biographical affidavits should <b>ONLY</b> be submitted for NEW Presidents</li> </ul>
<b>Note</b>	<b>R</b>	Actuarial Opinion Summary: <b>REQUIRED FROM DOMESTICS</b>	<p><b>All domestic companies are required to file the Actuarial Opinion Summary.</b> Only one (1) copy of the summary is needed and stamp the envelope "confidential."</p>
<b>Note</b>	<b>S</b>	Direct Economic Impact of Kentucky Captive During Current Reporting Year (Form CI-150): <b>FOR "DOMESTIC" RISK RETENTION GROUPS ONLY</b>	Note S pertains to domestic risk retention groups.

**General Instructions  
For Companies to Use Checklist**

**Please Note:** This state's instructions for companies to file with the NAIC are included in this checklist. The NAIC will not be sending their own checklist this year.

**Electronic filing is intended to include filing via the Internet or filing via disk with the NAIC. Companies that file with the NAIC via the Internet are not required to submit disks to the NAIC. Companies are not required to file hard copy filings with the NAIC.**

**Column (1) (Checklist)**

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "X" in this column when mailing information to the state.

**Column (2) (Line #)**

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

**Column (3) (Required Filings)**

Name of item or form to be filed.

The ***Annual Statement Electronic Filing*** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The ***March PDF Filing*** is the PDF file for annual statement data, detail for investment schedules and supplements due March 1.

The ***Risk-Based Capital Electronic Filing*** includes all risk-based capital data.

The ***Risk -Based Capital PDF Filing*** is the PDF file for risk-based capital data.

The ***Supplemental Electronic Filing*** includes all supplements due April 1, per the *Annual Statement Instructions*.

The ***Supplemental PDF Filing*** is the PDF file for all supplemental schedules and exhibits due April 1.

The ***Quarterly Statement Electronic Filing*** includes the complete quarterly statement data.

The ***Quarterly Statement PDF Filing*** is the PDF file for quarterly statement data.

The ***Combined Annual Statement Electronic Filing*** includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit.

The ***Combined Annual Statement PDF Filing*** is the PDF file for the Combined annual statement data and the combined Insurance Expense Exhibit.

The ***June PDF Filing*** is the PDF file for the Audited Financial Statements and Accountants Letter of Qualifications.

**Column (4) (Number of Copies)**

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. X appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The X in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

**Column (5) (Due Date)**

Indicates the date on which the company must file the form.

**Column (6) (Form Source)**

This column contains one of three words: “NAIC,” “State,” or “Company.” If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will provide the forms with the filing instructions. If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

**Column (7) (Applicable Notes)**

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.

# Kentucky Annual Filing Instructions

## REQUIREMENTS / INSTRUCTIONS

① All licensed and registered companies will be required to pay online. Go to <http://insurance.ky.gov> and click on eServices in the upper right corner. After logging into the account, click on "Annual Statement Filing Payment." Also, we have added the option for **foreign companies** to submit annual statement filings online by selecting "Upload Annual Statement Filing Documents." Then submit documents below in the following order (if submitting by hard copy, paper clip information in the order below):

**Please read  
instructions for  
proper submittals.**

FIRST	JURAT PAGE
SECOND	CERTIFICATE of ADVERTISING
THIRD	CERTIFICATE of DEPOSIT
LAST	ALL OTHER INFORMATION

For **MUNICIPAL TAX**  
questions, please call  
502-564-1649.

- ② Make sure you complete your eServices transaction. Refer to the Transaction Detail screen for the status of your payment to make sure you have completed and finalized your annual filing submittals correctly. **To verify that you have completed this process, print your ePay ID number for proof of payment.**

## THINGS TO REMEMBER

- Foreign insurance companies are no longer required to submit a hard copy or disk of their annual or quarterly statement to the Kentucky Department of Insurance (as of year-end 2010). Some state-specific forms are required to be filed via hardcopy as noted below. **A copy of the signed Jurat Page must be filed on or before March 1, 2011.**
- Kentucky domestic insurance companies are required to submit to the Kentucky Department of Insurance as of year end 2010:
  - two hard copies of its annual statement
  - two hard copies of its quarterly statement
  - two hard copies of its supplemental filings
- All annual statement filings submitted to the Kentucky Department of Insurance shall be completed in accordance with the National Association of Insurance Commissioners' Accounting Practices and Procedures Manual, as amended, pursuant to KRS 304.3-240.

**NOTE:**  
**Some**  
**STATE-SPECIFIC**  
**forms are required**  
**via hardcopy as**  
**noted below.**

## MAILING INFORMATION

REGULAR POSTAL MAIL ONLY	FEDERAL EXPRESS, DHL, UPS, etc.
Kentucky Department of Insurance Financial Standards and Examination Division P.O. Box 517 Frankfort, KY 40602-0517	Kentucky Department of Insurance Financial Standards and Examination Division 215 West Main Street Frankfort, KY 40601

**NOTE: The physical address should ONLY be used for Express mail.  
Otherwise, it will be "UNDELIVERABLE."**



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# Kentucky Annual Filing Instructions

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## **DEADLINE INFORMATION**

If mailed, all filings **must be postmarked** no later than the due date (due date will depend on the information being submitted), even if that due date falls on a weekend or holiday. But do not forget, online submittal is an option now.

## **LATE FILING PENALTIES**

Companies will be fined **\$100 per day** for a late filing, provided an extension has been granted. In cases where an extension has not been granted, companies will be fined **\$100 per day PLUS an additional** civil penalty of **\$1000** may be assessed.

## **PREMIUM TAX PAYMENTS**

***NOTE:***  
***Please DO NOT submit premium tax payments to the Kentucky Department of Insurance.***

Department of Revenue P.O. Box 1303 Frankfort, KY 40602-1303	OR	Department of Revenue 501 High St Frankfort, KY 40601
DEPARTMENT OF REVENUE TELEPHONE NUMBER: 502-564-4810		

## **EXCEPTIONS TO NORMAL FILINGS (Extensions)**

Foreign companies must supply a written copy of any extension received by their state of domicile at least **10 days prior** to the filing date to receive same from Kentucky. **Domestic** companies should apply at least **30 days prior** to the due date.

## **CERTIFICATE OF DEPOSIT**

All insurers must obtain a certificate of deposit from their state of domicile. Foreign insurers must maintain \$1,000,000 in cash or securities in another state for the benefit of all policyholders or post \$1,000,000 in cash or securities in a Safekeeping Agreement in a Kentucky-approved bank. To show compliance, **certificates of deposit are required to be submitted on or before March 1 of each year.**

## **HOLDING COMPANY REGISTRATION STATEMENT**

One copy is required to be filed only by Kentucky **domestic** insurers. **Filing deadline is April 1.**

## **RENEWAL FEES**

Information is sent to annual statement contact person.

***NOTE: DO NOT send renewal fees to the Department of Revenue. They are shown on the Premium Tax Return for the purpose of calculating the retaliatory tax only.***

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# Kentucky Annual Filing Instructions

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## **DOMESTIC LIFE INSURERS ACTUARIAL VERIFICATION REQUIREMENT**

As soon as Exhibits 5 through 8 are completed, each domestic life insurer **must provide the following** to the [Kentucky Department of Insurance, Financial Standards and Examination Division, \(address on page 1\) ATTENTION BRUCE ROSS](#) (by regular postal mail or by e-mail – [Bruce.Ross@ky.gov](mailto:Bruce.Ross@ky.gov)).

- (1) A **SIGNED Actuarial Certification** as required by KRS 304.2-205(2) for the 2010 Annual Statement Blank. The Actuarial Certification **must be completed** in accordance with the NAIC Model Actuarial Opinion and Memorandum Regulation for the Statement of Actuarial Opinion.
- (2) **Completed** Exhibits 5 through 8 for 2010.
- (3) The **number of policies and the amount of insurance**, where applicable, for each line and column of Exhibit 5 for 2010.
- (4) **All supplemental answers** to questions, explanation and notes connected with Exhibits 5 through 8 as required by the NAIC Instructions for filing the Annual Statement for 2010.

## **RISK RETENTION GROUPS / ACCREDITED REINSURERS**

Annual Statement – copy of signed Jurat Page (one copy)  
Audited financial statement (one copy)

## **OTHER APPROVED REINSURERS**

Annual Statement – copy of signed Jurat Page (one copy)  
Other approved reinsurers can locate a Check Remittance Form specifically for them on our website. Go to the Financial Standards and Examinations “Document” page and refer to the Other Approved Reinsurers section.

## **SURPLUS LINES**

Annual Statement – copy of signed Jurat Page (one copy)  
Surplus lines companies can locate a Check Remittance Form specifically for them on our website. Go to the Financial Standards and Examinations “Document” page and refer to the Surplus Lines section.

## **QUESTIONS/CONCERNS**

If you have any questions or concerns, please contact:  
**JANET KLAPHEKE or C.C. WEBBER**  
Kentucky Department of Insurance  
Financial Standards and Examination Division  
Call 502-564-6082 or [e-mail Janet.Klapheke@ky.gov](mailto:Janet.Klapheke@ky.gov) or [Cecilia.Webber@ky.gov](mailto:Cecilia.Webber@ky.gov).